



-1-

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Express Mail No.: EV 038 541 235 US

PATENT
PD-0294 DIV

CUSTOMER NUMBER 23608

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
Alfred E. Mann et al.)	Group Art Unit: Unknown
Serial No. unknown)	
Filed: January 31, 2002)	Examiner: Unknown
For: EXTERNAL INFUSION DEVICE)	
WITH REMOTE PROGRAMMING,)	
BOLUS ESTIMATOR AND/OR)	
<u>VIBRATION ALARM CAPABILITIES</u>)	

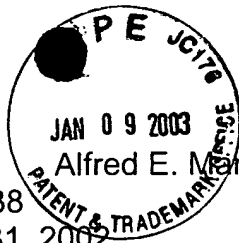
PRELIMINARY AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In connection with the above-identified application and prior to examination, please enter and consider the following preliminary amendment and remarks.

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In re the application of: Alfred E. Mann et al.

Serial No.: 10/062,838

Filed: January 31, 2002

For: EXTERNAL INFUSION DEVICE WITH REMOTE PROGRAMMING, BOLUS ESTIMATOR
AND/OR VIBRATION ALARM CAPABILITIESASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith in the above-identified application is:

- Response to Election Requirement and Amendment;
- A copy of the postcard indicating receipt of the divisional application & accompanying Preliminary Amendment on January 31, 2002 by the PTO;
- A copy of the Preliminary Amendment filed on January 31, 2002; and
- Return postcard.

The fee has been calculated as shown below:

THE FEE HAS BEEN CALCULATED AS SHOWN BELOW.

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO PREVIOUSLY PAID FOR			PRESENT EXTRA		ADDIT. FEE	
									OR	
TOTAL	40	MINUS	20	=	-20-	x 9	\$		OR	x 18
INDEP CLAIMS	4	MINUS	3	=	-1-	x 39	\$		OR	x 78
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+135	\$		OR	+270
						TOTAL	\$		OR	TOTAL

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0621. A copy of this sheet is enclosed.

[X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Vivian S. Shin

Registration No. 43,919

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Serial No. unknown File No. PD-0294 DIV 1/31/02 Date Mailed 1/31/02 By: C. Pineiro
Title: External Infusion Device with Remote Programming,...

Client Name: _____

The Following, due _____ in the U.S. Patent & Trademark Office was received in the Patent & Trademark Office on the date stamped hereon:

_____ Amendment	Drawings: # of Sheets <u>11</u>
<input checked="" type="checkbox"/> Preliminary Amendment	<input checked="" type="checkbox"/> Formal _____ Informal _____
_____ PCT Application Including	_____ Issue Fee Transmittal
_____ Pages Spec. _____ Page Abstract _____ Claims	_____ Letter Re _____
<input checked="" type="checkbox"/> DIV Application for Patent Including	_____ Notice of Appeal
<u>49</u> Pages Spec. <u>1</u> Page Abstract <u>55</u> Claims	_____ Petition for _____
copy of Declaration, Affidavit of Oath (<u>3</u> Page(s))	_____ Advance soft copy order
_____ Assignment	_____ Certified Copy: # _____ of Docs.
<input checked="" type="checkbox"/> DIV Letter of Transmittal	_____ IDS: _____ References
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_____ Check No. _____ For \$ _____	<input checked="" type="checkbox"/> Certificate of Mailing
<input checked="" type="checkbox"/> copy of Notice of Recordation of Assignment Document	<input checked="" type="checkbox"/> copy of Power of Attorney by Assignee
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Jc979 U.S. PTO
10/062838



Serial No. unknown File No. PD-0294 DIV 1/31/02 Date Mailed 1/31/02 By: C. Pineiro
Title: External Infusion Device with Remote Programming,...

Client Name: _____

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_____ PCT Application Including	_____ Issue Fee Transmittal
_____ Pages Spec. _____ Page Abstract _____ Claims	_____ Letter Re _____
<input checked="" type="checkbox"/> DIV Application for Patent Including	_____ Notice of Appeal
<u>49</u> Pages Spec. <u>1</u> Page Abstract <u>55</u> Claims	_____ Petition for _____
copy of Declaration, Affidavit of Oath (<u>3</u> Page(s))	_____ Advance soft copy order
_____ Assignment	_____ Certified Copy: # _____ of Docs.
<input checked="" type="checkbox"/> DIV Letter of Transmittal	_____ IDS: _____ References
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_____ Check No. _____ For \$ _____	_____ Corrected Filing Receipt
_____ Check No. _____ For \$ _____	<input checked="" type="checkbox"/> Certificate of Mailing
<input checked="" type="checkbox"/> copy of Notice of Recordation of Assignment Document	<input checked="" type="checkbox"/> copy of Power of Attorney by Assignee
EV038541235US	<input checked="" type="checkbox"/> return postcard